

POSITION	INITIALS	ID NO.	DATE
	<i>AB</i>		<i>6/11/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CM</i>	<i>71632</i>	<i>8/2/00</i>
RESPONSE FORMALITY REVIEW		<i>71632</i>	<i>10/18/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	11/14/00
2	✓	✓	11/14/00
3	✓	✓	11/14/00
4	✓	✓	11/14/00
5	✓	✓	11/14/00
6	✓	✓	11/14/00
7	✓	✓	11/14/00
8	✓	✓	11/14/00
9	✓	✓	11/14/00
10	✓	✓	11/14/00
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If more than 150 claims or 10 actions  
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